

CITY OF FARGO

APPLICATION FOR HEATING EXAMINATION

Date: _____ Phone: _____

Name: _____

Address: _____

City, State, Zip: _____

Employer: _____

A total of three (3) years of experience is necessary to take the exam. State your résumé of experience. Trade school time is accepted.

Check examination to be taken:

Master Mechanical	()	
Master Fuel Gas	()	
Journeyman Mechanical	()	Mech
Journeyman Fuel Gas	()	
Reciprocity	()	Gas

This space to be filled in by examiner

GRADE	PASSED	FAILED

Exam Fee: _____

Date Paid: _____

Receipt #: _____

Exam date _____

Signed _____

Title _____

This is an application to take the Heating Exam(s) checked above and is not an application for a Heating License.

APPLICANT: _____